

**WISCONSIN MEDICAID  
PRIOR AUTHORIZATION/RESIDENTIAL CARE CENTER TREATMENT  
ATTACHMENT (PA/RCCA) COMPLETION INSTRUCTIONS**

**for initial admissions, unplanned readmissions, and for continuing services**

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or Medicaid payment for the services.

The use of this form is voluntary and providers may develop their own form as long as it includes all the information and is formatted exactly like this form.

Attach the completed PA/RCCA with required information to the Prior Authorization Request Form (PA/RF) and submit them by fax to Wisconsin Medicaid at (608) 221-8616 or by mail to the following address:

Wisconsin Medicaid  
Prior Authorization  
Suite 88  
6406 Bridge Road  
Madison, WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

**GENERAL INSTRUCTIONS**

The information contained in the PA/RCCA is used to make a decision about the duration of residential care center treatment services that are approved for Wisconsin Medicaid reimbursement. Thoroughly complete each section and include copies of medical record documents as requested.

Residential Care Center Treatment Services for initial admissions and unplanned readmissions within 90 days of discharge (HCF 11076A) is used for new admissions to the RCC as well as for unplanned readmissions to the RCC.

Residential Care Center Treatment Services for continuing services (HCF 11076B) is used for recipients who have been in the RCC beyond 30 days at the time this benefit is implemented and for those who have remained in the RCC continuously or as needed for stabilization beyond the initial authorization period.

Authorization for children being admitted to the RCC for intermittent services is the same as for children in full-time residency. The expected intermittent schedule must be presented. Authorization will be granted for a maximum of one year; providers may claim only the intermittent services actually provided.

**SECTION I – RECIPIENT INFORMATION**

**Element 1 – Name – Recipient**

Enter the recipient's last name, followed by his or her first name and middle initial. Use the Eligibility Verification System (EVS) to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

**Element 2 – Date of Birth – Recipient**

Enter the date of birth of the recipient (mmddyy).

**Element 3 – Recipient Medicaid Identification Number**

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters.

## **SECTION II – PROVIDER INFORMATION**

### **Element 4 – Name – Residential Care Center**

Enter the name of the Medicaid-certified Residential Care Center.

### **Element 5 – Residential Care Center Provider's Medicaid Provider Number**

Enter the eight-digit Medicaid provider number of the Residential Care Center.

**PLEASE FOLLOW THE INSTRUCTIONS FOR SECTIONS III AND IV BELOW FOR HCF 11076A OR HCF 11076B**

## **SECTION III – CLINICAL INFORMATION FOR INITIAL ADMISSIONS AND UNPLANNED READMISSIONS WITHIN 90 DAYS OF DISCHARGE (HCF 11076A)**

**Element 6** – The RCC clinical supervisor signing the PA/RCCA attests, by signature, that the following statements on the form are true.

## **SECTION IV - SIGNATURE**

### **Element 7 – Signature of Residential Care Center Clinical Supervisor**

### **Element 8 – Date Residential Care Center Clinical Supervisor Signed the Form**

## **SECTION III – CLINICAL INFORMATION FOR CONTINUING SERVICES FOR HCF 11076B**

### **Element 6 – Current HealthCheck Screen**

Attach evidence of a HealthCheck screen by a valid HC screener dated within one year prior to the first date of service requested.

### **Element 7 – In-Depth Assessment**

Attach a copy of the in-depth assessment performed within 30 days of admission which has been timely reviewed and signed by a physician or other licensed mental health professional.

### **Element 8 – Current Treatment Plan**

Attach a copy of the detailed narrative describing progress on the goals of earlier treatment plans, as well a copy of the current treatment plan, dated within three months of the requested first date of service, which has been reviewed timely and signed by a physician or other licensed mental health professional.

*For recipients with intermittent RCC services, indicate the expected schedule at the RCC.*

## **SECTION IV – SIGNATURE**

### **Element 9 – Signature of Residential Care Center Clinical Supervisor**

### **Element 10 – Date Residential Care Center Clinical Supervisor Signed the Form**